Institutional Pass / Group Student Registration Form TACLS 2017 Annual Meeting   
Use this form for either Institutional Passes or Group Registration of Students

* Institutional Passes are discounted rates for employees of one hospital, laboratory, or education program.
* MLT or MLS programs may register multiple students using this form. Payment must be made for the whole group together using either PayPal, a check or purchase order. No individual checks please.

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| --- | --- | --- |
| Registration Type | Early Reg. by March 20 | After March 20 *(add $25/ student)* |
| **ASCLS Student Member Full** | **$70. each** | 95. |
|  |  |  |
| **Non-member Student Full** | **100. each** | 125. |
| **Non-member Student Daily** | **90. each** | 115. |
| **Institutional Passes** For employees of one lab, hospital or  education program.  PACE credit for attendees  of all scientific or general sessions.  Lunch included for attendees. | **3-person $400.** | No late fees for Institutional Passes  if registration received by March 24. |
| **5-person 550.** |
| **10-person 1000.** |

# Please Print or Type Legibly Institution/ School Name:

**Address:** **City:**

**Zip:** **Contact person:**

**E-mail:**  **Phone:**

|  |  |  |
| --- | --- | --- |
|  | **Name of attendees - please print legibly - used to print name badges** | **ASCLS Student Member no. if applicable** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |

Total amount enclosed $\_\_\_\_\_\_\_\_\_\_\_ Make check or purchase order payable to **TACLS**

To pay with a credit card - visit: www.tacls.org , click the annual meeting button. However, you must mail or fax this completed registration form to the address below. To receive early registration rates your check must be post-marked or pay online by Friday March 24, 2012. A printed receipt will be in your registration packet when you arrive.

**Mail form and check to:** **TACLS**

**6515 Ocean Dr. Unit 2011**

**Corpus Christi, TX 78412**

**Or FAX form to: 361-825-2135 Attention – Jean Sparks** Email jean.sparks@tamucc.edu with refund requests or other questions.   
Request for refunds must be received by March 20, 2017, and will be processed after conference. No refunds requests after March 20, 2017